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ABSTRACT

The overall goal of the module is to train educational personnel to enlist family support in helping the young handicapped child realize his fullest educational potential. It was designed for use in training special education personnel without regard to categorical designations, and focuses on situations common to most handicapped children and their families. Several premises are basic to this module: (1) parents of young handicapped children play a major role in both the educability and the education of their children; (2) the role of parents in the education of handicapped children may become even more critical in the future as society moves from institutionalization of handicapped children to community-based programs; (3) parents have knowledge, insight, and ideas about their children needed by the school; (4) parents are often willing and eager to help their children's educational development; and (5) the school cannot afford to ignore the role and contribution of the family nor can it limit itself to complaints about insufficient parental cooperation. The module directs educational personnel through a program involving pre-assessment, readings, observations, interviews, discussion, and post-assessment, all directed toward understanding the parents of handicapped children. A short paper is included on the field-testing of the module. (MM)

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PARENT INVOLVEMENT IN THE EDUCATION
OF
YOUNG HANDICAPPED CHILDREN

MODULE I:

FAMILY REACTIONS TO THE HANDICAPPED CHILD

SHIRLEY COHEN

HUNTER COLLEGE

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Center for Advanced Study in Education of
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WHAT IS COMPETENCY-BASED TEACHER EDUCATION?

The set of materials you are about to begin using represents a new direction in teacher education. Called competency-based teacher education, this approach to training teachers emphasizes the teacher's performance--what he or she is actually able to do as the result of acquiring certain knowledge or skills.

Performance in a specific area is referred to as a competency. Thus, what we expect the teacher to be like after completing his education can be described in terms of the competencies he should have. The emphasis is on doing rather than on knowing, though performance is frequently the result of knowledge.

This shift in emphasis from knowing to doing accounts, to a great extent, for the differences you will notice in the format and content of these materials. To begin with, the set of materials itself is called a module because it is thought of as one part of an entire system of instruction. The focus has been narrowed to one competency or to a small group of closely related competencies. The ultimate aim of the module is expressed as a terminal objective, a statement describing what you, the teacher, should be able to do as a result of successfully completing this module.

Your final performance, however, can usually be broken down into a series of smaller, more specific objectives. As you achieve each of these, you are taking a step toward fulfilling the ultimate goal of the module. Each intermediate objective is the focus of a group of activities designed to enable you to reach that objective.

Together, the activities that make up each element, or part, of the module enable you to achieve the terminal objective.

There are several kinds of objectives, depending on what kind of performance is being demanded of you. For example, in a cognitive-based objective, the emphasis is on what you know. But since these are behavioral objectives, what you know can only be determined overtly. An objective can only be stated in terms of your behavior--what you can do. You might, for instance, be asked to demonstrate your knowledge of a subject by performing certain tasks, such as correctly completing arithmetic problems or matching words and definitions. In addition to cognitive-based objectives, there are performance-based objectives, where the criterion is your actual skill in carrying out a task; consequence-based objectives, for which your success in teaching something to someone else is measured; and exploratory objectives, which are open-ended, inviting you to investigate certain questions in an unstructured way.

Along with the assumption that the competencies, or behaviors, that make for successful teaching can be identified goes the assumption that these competencies can be assessed in some way. In fact, the statement of objectives and the development of assessment procedures form the main thrust of competency-based teacher education. The module, and the activities it contains or prescribes, is just a way of implementing the objectives.

But the module does have certain advantages as an instructional tool. For one thing, it enables you to work on your own and at your own pace. The activities are usually varied so that you can

select those which are best suited to your learning style. And the module enables you to cover certain subject areas with maximum efficiency; since if you pass the pre-assessment for a given objective, you are exempted from the module implementing that objective. What matters is not the amount of classroom time you put in on a subject but your ability to demonstrate certain competencies, or behaviors.

OVERVIEW

This module is the first one in a cluster that consists of the following components:

Module I--Family Reactions to the Handicapped Child

Module II--How Parents Can Help: An Overview

Module III--Enlisting Family Involvement in Supporting the School Program Through Home Activities

This module cluster is designed for use in in-service training programs for personnel (teachers, teacher-aides, family assistants, guidance counselors, school psychologists, school social workers, supervisors, and administrators) involved in the education of young handicapped children. Modules I and II, which do not presuppose on-going relationships between the trainee and handicapped children, are also appropriate for pre-service training. Modules I and II focus on exploratory, cognitive, and affective objectives. Module III focuses on performance- and consequence-based objectives.

The overall goal of the cluster is to train educational personnel to enlist family support in helping the young handicapped child realize his fullest educational potential.

This module cluster was designed for use in training special education personnel without regard to categorical designations. It focuses on situations common to most handicapped children and their families. Additional, more specialized training can be added for educators of children who are blind, deaf and physically impaired.

As the title of the cluster suggests, these modules deal with children under nine years of age. However, many of the ideas presented may be relevant in training educational personnel for work with children beyond this age.

Some of the ideas in these modules come from recent special education literature. Others come from the early childhood movement, which has always been ahead of the rest of the educational establishment in its sensitivity to the parental role. Other ideas come from developmental work at the Regional Special Education Instructional Materials Center, City University of New York at Hunter College, of which the author of Module I is director.

Purpose of the Module Cluster

Although more and more programs for the handicapped are attempting to include the child below age six, most handicapped children still spend a major portion of their first six or seven years of life at home. Having a handicapped child in the family is an experience which few can react to without stress, pain, and changes in personal and family dynamics. The reactions of parents and other family members will, in turn, strongly influence the handicapped child's development and learning potential. Even after the handicapped child enters a full school program, his "teachability" and success in that program will be highly dependent upon what happens in the home and how the parents relate to the school's goals and methods.

The first teacher, and the teacher with whom the young handicapped child spends the most time is a parent, usually his mother. Traditionally, teachers have ignored the parent role or have been critical of parent behavior and actively discouraged parents from involving themselves in their child's education. Recently, a number of factors have combined to change the attitude

of many professionals toward parent involvement. These factors include recognition of the critical role of early experience, fiscal limitations which prevent the extension of programs staffed by professionals to pre-school handicapped children in any extensive way, and the growth of strong organizations of parents of the handicapped who have demanded input into the educational process.

Parents can be a potent force in shaping educational policies and programs for the benefit of handicapped children in general, as well as in helping their own child's educational achievement. However, there is no curriculum for training special education personnel in the process of involving parents in a cooperative educational venture. This module cluster attempts to do part of that job.

Several premises are basic to this module cluster.

1. Parents of young handicapped children play a major role, actively or passively, for better or worse, in both the educability and the education of their children.
2. The role of parents in the education of handicapped children is likely to become even more critical in the future, as society moves from institutionalization of severely handicapped children to community based, non-residential programs.
3. Parents have knowledge, insight, and ideas about their children which are needed by the school.

4. Parents very often are willing and eager to help their children's educational development to a greater extent than they are now doing. They need and want aid from the school for this purpose.

5. The school cannot afford to ignore the role and potential contribution of the family in the education of the young handicapped child; nor can it limit itself to complaints and antagonisms about insufficient parental cooperation. Instead, teachers must learn how to plan for and enlist the support of the family in the young handicapped child's education.

Purpose of Module I

A handicapped child is born. He may be blind, deaf, mentally retarded. He may be missing limbs or have deformed ones. His brain may be damaged or his heart defective. What will happen to this child? Will he spend the major part of his life in a hospital or institution? Will he be able to function independently and contribute to society? The answers to these questions will depend upon many factors: the attitude of society toward the worthiness of handicapped individuals, the kinds of resources and facilities available for treating and educating the handicapped child, the severity and nature of the child's impairment. However, time and time again professionals working with young handicapped children are struck by sharp differences in their adjustment and achievement

which cannot be fully explained by these factors. Often in these cases, one major difference between the children who "make it" and the children who don't is the reactions of their families.

"No parent is ever prepared to be the parent of a handicapped child."[1] Yet some parents learn to cope with this reality and even feel their existence strengthened by the experience. They can turn their energies toward helping their handicapped child learn to cope with his developmental tasks and special stresses. Other parents never satisfactorily deal with this reality. The quality of life in the family deteriorates. Marriages break up. Children are rejected. In-between these end points are many shades and gradations of response. We, as professionals interested in helping to better educate young handicapped children, will be better equipped to begin our work if we understand the "education" which the child has had during the three to seven years before we see him, and which he continues to have during the time when he is not with us. In large part, what we will have to do and the way we will have to go about doing it when we first begin to work with a young handicapped child will be determined by the child's experiences in the family.

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[1] Barsch, R.H. The Parent of the Handicapped Child, Springfield, Illinois: Charles Thomas, 1968, p. 9.

Parents differ in their ability to cope with the experience of having a handicapped child. Many professionals have, however, remarked on a sequence of reactions which is fairly common.[1,2,3] Some parents appear to go through this sequence very quickly, while others get fixated at a point along the way. Steps in this sequence may include the following:

1. Shock -- numbness, grief, mourning, revulsion
2. Guilt -- and feelings of inadequacy, self-pity, anger
3. Denial of defect -- rejection of professional evaluation; search for a cure
4. Confusion and despair -- lack of direction
5. Isolation and withdrawal

6a. Determination to help child develop as fully as possible with family revolving completely about the child

or

6b. Family breakdown -- incapacitation of mother, breakup of marriage

or

6c. Rejection of child

7. Assimilation of child into family life; sense of community with other families of the handicapped

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1 McKeith, R. "Parental reactions and responses to a handicapped child" in Brain and Intelligence, F. Richardson (ed.). Hyattsville, Maryland: National Educational Consultants, 1973, pp. 131, 138.

2 Barsch, R. The Parent of the Handicapped Child. op. sit., pp. 91-105.

3 Ross, A. O. The Exceptional Child in the Family. New York: Grune and Stratton, 1964, pp. 51-70.

Barsch (op. cit.) points out that the parents of a handicapped child must not only come to terms with this experience personally but must then proceed to help their child meet certain societal expectations if this child is to be accepted even to the point of being given basic services.

The goal of this module is to foster in you a greater sense of respect for parents of the handicapped through recognition of the many stresses and responsibilities involved in being the parent of a handicapped child, and through recognition of the extraordinary efforts which many parents devote to their handicapped children. A second goal is to make you aware of the ways in which both the educability and the educational achievement of handicapped children are influenced by various patterns of interaction in the home.

Pre-requisites

Have you passed a course in or successfully completed a module on child development?

Are you now employed in a program for educating young handicapped children?

If your answer to either of the above questions is yes, you may continue with this module.

Please provide the details of pre-requisite qualifications on the sheet provided for this purpose in the Appendix, page 39 .

How to Take This Module

If you have gotten this far, you have completed the first two steps in taking this module, which are to read the overview

and to make sure you fulfill the prerequisites. The next step is to decide, on the basis of the overview, whether you want to continue this module. If you do, you should plan on the module taking approximately a third of the semester to complete. That is, it's equivalent to one-third of a three-credit course.

If you are continuing, you are ready for the pre-assessment, which begins on page 16. When you have finished the pre-assessment, you will discuss the results with your instructor, who will help you decide on one of the following entry points:

1. Entry Level 1. If you do not show adequate knowledge on questions 1-5, you should start with Element I and complete all the activities.
2. Entry Level 2. If you satisfactorily answer questions 1-5, but not 6 and 7, you can begin the module with Element II and complete all the activities that follow.
3. If you satisfactorily answer all the pre-assessment questions, you are exempt from this module.

There are four elements, each one designed to enable you to achieve a particular objective or group of objectives. Together, these objectives make up the terminal objective of the module:

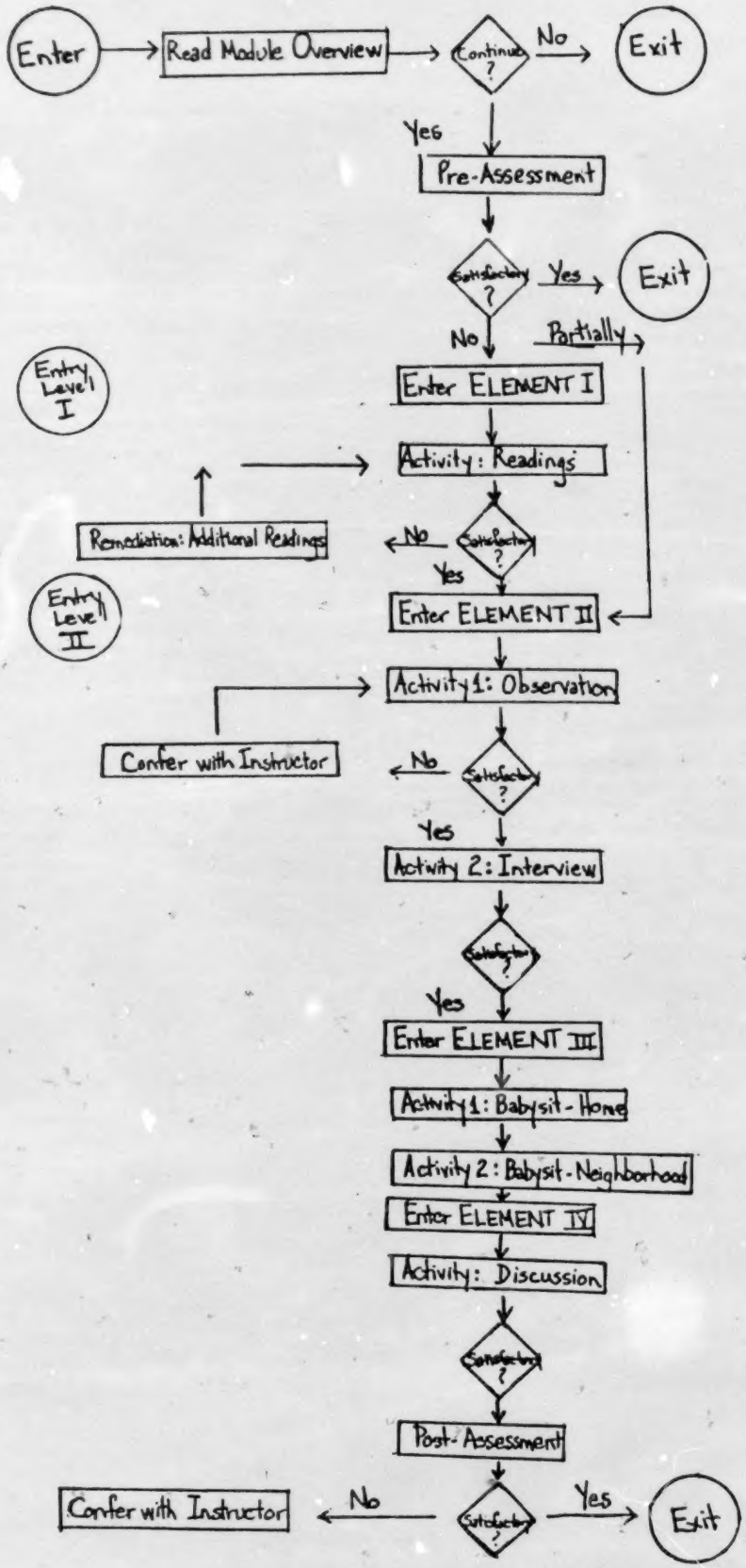
> You will identify possible effects of the reaction patterns of two families with young handicapped children upon the child's "teachability." This comparison must meet the following criteria:
>
> 1. Appropriate observational or interview data are provided to support conclusions.

2. Hypothesized connections between family reactions and child characteristics are congruent with observations from readings assigned in the module.

When you have completed Element IV, the final element in the module, you will be ready for the post-assessment. Successful completion of the post-assessment indicates that you possess the competencies specified by the terminal objective and are ready to exit the module. If your post-assessment results are unsatisfactory, meet with your instructor to plan remedial activities.

Note that the steps involved in taking this module are shown in graphic form as well, on the flow chart on page 15.

Are you ready to begin? Turn to the pre-assessment, which starts on page 16.


Enter
Read Module Overview
Continue?
No
Exit
Yes
Pre-Assessment
Satisfactory?
Yes
Exit
No
Partially
Entry Level I
Enter ELEMENT I
Activity: Readings
Remediation: Additional Readings
No
Satisfactory?
Yes
Entry Level II
Enter ELEMENT II
Activity 1: Observation
Confer with Instructor
No
Satisfactory?
Yes
Activity 2: Interview
Satisfactory?
Yes
Enter ELEMENT III
Activity 1: Babysit - Home
Activity 2: Babysit - Neighborhood
Enter ELEMENT IV
Activity: Discussion
Satisfactory?
Post-Assessment
Confer with Instructor
No
Satisfactory?
Yes
Exit

PRE-ASSESSMENT

On separate paper, write an answer to each of the following questions:

1. List and describe briefly the typical sequential reactions of parents to the recognition that their child is "different" (handicapped).
2. Briefly describe three common stresses in the everyday life of a family with a five-year-old handicapped child which are either absent or much less intense in the family with a normal child of the same age.
3. Briefly describe two attitudinal (social-emotional) achievements and two cognitive achievements which the young, mildly-to-moderately handicapped child in a "coping" family often learns at home.
4. Briefly describe three long-term concerns frequently associated with being the parent of a handicapped child.
5. Write a brief description of two examples of parents whom you know or have read about who have made extraordinary efforts on behalf of their handicapped child and/or other handicapped children.
6. Imagine yourself the parent of a five-year-old boy with Down's Syndrome on a visit to a neighborhood playground with your child. In what ways might you <u>feel</u> differently about making this excursion than would the parent of a "normal" child? Why?

7. On the basis of observations in the homes of two young handicapped children with whom you have worked, and interviews with their families, compare the two families on the following dimensions:

   a. emotional flavor and child-rearing approach (attitude)

   b. coping ability of the family

   c. daily investment of time and energy in furthering the handicapped child's development and achievement.

   d. management techniques (behavioral control or discipline)

   Your answer should

   a. Identify possible effects of these reactions upon the child's "teachability."

   b. Include data from observations, interviews and/or readings to support conclusions.

Now submit your paper to your instructor for evaluation. When your pre-assessment has been evaluated, you will know at what level to enter the module or if you can exit right away.

If you are to enter the module at Level 1, turn the page and begin the first Element.

ELEMENT I

Objectives:

1. You will accurately identify and describe typical sequential reactions of parents to the recognition that their child is "different" (handicapped).
2. You will satisfactorily compare a typical day in the life of the parent of a normal young child and the parent of a handicapped child of the same age on the following dimensions: typical stresses, parent's involvement with child, activities engaged in by parent, activities engaged in by child.
3. You will accurately describe two attitudinal (social-emotional) achievements and two cognitive achievements important to school participation which the handicapped child in a "coping" family often learns at home.
4. You will accurately describe three kinds of long-term concerns frequently associated with being the parent of a handicapped child.
5. You will accurately describe two examples of parents who have made extraordinary efforts on behalf of their own handicapped children and/or other handicapped children.

Activity

To achieve the above objectives, you are to complete the reading selections listed here and then answer the questions that follow. (Note that copies of these selections are in the volume of Readings accompanying this module.) The specific objectives applicable to each reading are indicated in the list below.

1. Barsch, R. The Parent of the Handicapped Child. Springfield, Illinois: Charles Thomas, 1968. Introduction and Chapters 4, 5, 6, 7, 8, 10, 11, 12, 13, 15.

2. Kvaraceus, W.C. and Hayes, E.N. If Your Child Is Handicapped. Boston: Porter Sargent, 1969.
   a) The Preview (particularly relevant to Objective 1)
   b) Either "My Son is a Cripple" (7-12) or "The Linnet on the Leaf" (59-65) or "Eva, Child of Joy and Sorrow" (109-130) (particularly relevant to Objectives 2 and 3)
   c) "My Search to Find the Drug That Crippled My Baby"(37-52) (particularly relevant to Objective 5)
   d) "Don't Speak to Us of Living Death"(96-108) (particularly relevant to Objective 1)

3. Hosey, C. "Yes, Our Son Is Still With Us," Children Today, 1973, 2, pp. 14-17,36. (particularly relevant to Objectives 2 and 3)

4. "Let Us All Stop Blaming The Parents," The Exceptional Parent, 1971, 1, 2-4. (particularly relevant to Objective 4)

5. Ross, A.O. The Exceptional Child in the Family. New York: Grune and Stratton, 1964. Chapter II: "Parental Reactions to a Child With a Defect," 51-70. (particularly relevant to Objective 1)

6. "Who Cares What Happens to Miriam?" The Exceptional Parent, 1973, 3, 11-17. (particularly relevant to Objectives 3 and 5)

Questions

1. In several of the assigned readings a sequence of emotional reactions to the advent of a handicapped child are described. List and briefly describe three such emotional reactions, in the order in which they usually occur.

2. List and briefly describe three of the long-term concerns of the parent of a severely impaired child.

3. List three common stresses mentioned in the article "Let's All Stop Blaming The Parents."

4. Briefly describe three steps which the mother in the article "Who Cares What Happens to Miriam?" took to help her child.

5. List three of the achievements of Miriam at 20 months of age which very likely reflect the attitude and investment of her family in her growth.

After you have completed your responses to the above questions, check your answers against the answers provided in the Appendix. If your answers were satisfactory, go on to Element II, page 22. If you didn't answer the questions to your own satisfaction, select one of the readings from the list below as a supplementary activity. Then confer with your instructor before going on to Element II.

Additional Readings

1. Debuskey, M. (ed.) The Chronically Ill Child and His Family. Springfield, Illinois: Charles Thomas, 1970.

2. Kastein, S. and Trace, B. The Birth of Language. Springfield, Illinois: Charles Thomas, 1966.

3. MacKeith, R. "Parental reactions and responses to a handicapped child." in Brain and Intelligence, F. Richardson (ed.) Hyattsville, Maryland: National Educational Consultants, 1973, 131-138.
   (particularly relevant to Objective 1)

4. Ulrich, S. Elizabeth. Ann Arbor: University of Michigan, 1972.

ELEMENT II

Objectives:

1. You will satisfactorily compare a typical day in the life of the parent of a normal young child and the parent of a handicapped child of the same age on the following dimensions: typical stresses, parent's involvement with child, activities engaged in by parent, activities engaged in by child.

2. You will accurately describe two attitudinal (social-emotional) achievements and two cognitive achievements important to school participation which the handicapped child in a "coping" family often learns at home.

3. You will accurately describe three kinds of long-term concerns frequently associated with being the parent of a handicapped child.

Activity 1

Arrange, with the help of your instructor, to be placed in two families that include young handicapped children.

Contact the families to set up two observation sessions in each one. At least a week should elapse between your first and second observation.

Each observation session should last for at least one and a half hours during a period when the child is at home and awake. You will probably want to take some notes either during or immediately after the sessions, using the following Observation Guide as an indication of what to look for. When your observations are complete, you will be asked to write a report on them.

Observation Guide for Activity 1

Family Name _____ Child's Age _____

Date of Observation _____ Time of Observation _____

Below are listed some kinds of interactions to which you might attend.

1. Self-help skills, e.g., eating, dressing, toileting
   - 1.1 How independent is the child in caring for himself in these ways?
   - 1.2 What is the parent's attitude toward the child's independence in this area?
   - 1.3 How much time does the parent spend with the child on self-help activities, either doing for him or teaching him to do for himself?

2. Mobility
   - 2.1 Can the child get about the home on his own?
   - 2.2 Is he encouraged or allowed to move freely about the home?
   - 2.3 Did the parent attempt to teach the child movement skills?

3. Self-image

3.1 Does the child want to do things for himself?

3.2 How does the child react to not being able to do something because of his impairment?

3.3 How does the parent react to the child's inability to do something because of his handicap?

4. Intellectual Ability and Cognitive Skills

4.1 Does the child's comprehension of what is going on around him appear to be good? (Cite evidence)

4.2 In what ways does the parent attempt to increase the child's comprehension and specific cognitive skills?

4.3 How does the parent react to the child's deficiencies in intellectual ability?

5. Management

5.1 Is the child allowed to do almost anything he chooses?

5.2 What techniques does the parent use to direct the child's behavior?

5.3 Does management of this child appear to be a major problem in this family?

When you have finished the observation sessions, write a brief descriptive summary of the parent-child interaction in one of the families on each of the five dimensions listed in the Observation Guide. Include observational data to support your descriptive summaries and conclusions, as in the examples below. Give your finished report to your instructor for evaluation. When your instructor has evaluated your first report, write your report on the second family. Then give him the second report, too, for evaluation.

SAMPLE REPORT

1. Self-help Skills

1.1 Independence

Charles is quite independent in self-help skills for a five-year-old boy, particularly in view of his poor fine-motor control.

Observation

When Charles came home from school, he went directly to the refrigerator and took out a cup of chocolate pudding. He got a spoon from the cutlery tray and fed himself. He was also able to use the toilet by himself, needing only to be reminded to flush the toilet and wash his hands.

1.2 Mrs. M. encourages Charles to help himself.

Observation

When Charles asked for "more snack," Mrs. M. told him to go to the kitchen and see what he wanted. Rather than

just pouring milk in a glass for him, she asked Charles to help her pour the milk. Charles then held the glass and helped her hold the container.

1.3 Mrs. M. spends a great deal of time teaching Charles self-help skills. The example given in 1.2 was only one of several which I observed.

Observation

After Charles finished his chocolate pudding, he had chocolate all over his face. Mrs. M. reminded him to get a napkin and wipe his face. When this did not completely do the job, Mrs. M. told him to look in the mirror and see if his face was clean. Charles agreed that it was dirty. Mrs. M. suggested that he get the washcloth, wet it and wash his face while he was looking in the mirror. She could have saved time by just cleaning his face herself.

If your instructor finds both reports satisfactory, go on to Activity 2. If your reports do not meet the criteria for this activity, confer with your instructor about your next step.

Activity 2:

Return to the two families in which you were an observer and arrange a 30-minute interview with one of the parents in each family. The interview session may precede or follow one of the scheduled observation sessions, or it may be arranged to take place at another time. The interview may be conducted as the parent carries out his or her normal activities if this is preferred. Use the questions in the Interview Guide that follows and take notes, so that you can write a report on each interview afterwards.

Interview Guide for Activity 2

Family Name _____

Date of Interview _____ Time of Interview _____

Below are some suggested interview topics. You are specifically directed not to ask questions about the parent's emotional reactions and concerns. If the parent offers such information, listen respectfully. However, the focus of the interview is the current functioning of the child as it may relate to school, and parental behavior re this current functioning. Use only those questions that are appropriate for the particular child and family involved.

1. What is a typical day like for you and your child?
2. What do you have to do differently with _____ (handicapped child) than you did with your other children? (Or than other mothers do with their children?)
3. How long did it take to teach _____ to:

   walk?

   dress himself?

   feed himself?

   gain bowel and bladder control?

   What special methods did you use in teaching him these things?

4. Do you discipline _____ differently than you do (would) your other children? Why? What do you do differently?

5. How does _____ get along with his sisters and brothers? Does he play with any other children? How? How do they get along? Is there any way you can help him in this area?

6. What kinds of things is _____ learning at home that you think will be helpful to him in school?

When you have finished the interviews, write a brief summary of the first parent's responses in each of the areas discussed. Attempt to relate each parental response to obervational data. Are the parent's responses in the interview congruent with behavior you observed? An example is given below. Give your finished report to your instructor for evaluation. When your instructor has evaluated your report on the first interview, write your report on the second interview. Then give him the second report, too, for evaluation.

SAMPLE REPORT

Question #2: What do you have to do differently with Charles than you did with your other children?

Answer: I have to teach him a lot more. I can't rely on him just learning things by himself. He has to be taught everything very specifically.

Congruence
With Observations: Mrs. M. did indeed spend a great deal of time teaching Charles to do things. Note the time she took in teaching him to wash his face in front of a mirror and in teaching him how to pour milk. Observational data clearly support her response to this question.

If your instructor finds both reports satisfactory, go on to Element III. If your reports do not meet the criteria for this activity, confer with your instructor about your next step.

ELEMENT III

Objective:

Given the experience of acting as a parent surrogate for a handicapped child, you will examine and satisfactorily identify your own feelings.

Activity 1

Return, again, to your two families, and arrange to babysit with the handicapped child in each one for a period of at least an hour and a half when the child is awake. A family member may be in the home at the time if the parents feel that this is necessary. However, responsibility for the child's care during this period should be yours.

Immediately following each of your babysiting experiences, write a report that answers the questions below. Save your reports; they will be discussed and evaluated as part of Element IV. When your reports are complete, go on to Activity 2.

Report Guide for Activity 1

Family Name _____

Date of Babysitting _____ Time of Babysitting _____

A. Write a brief description of what happened during the babysitting period -- what did the child do? What did you do?

B. How did you feel during this experience? Indicate all the adjectives below that apply.

happy	fulfilled
angry	depressed
frustrated	guilty
frightened	successful

Briefly describe why you selected each adjective.

C. What did you learn from this experience that sheds light on the following topics?

1. Common stresses in caring for a young handicapped child.
2. Unhelpful behavior of parents and/or teachers toward their handicapped children.
3. Long-term concerns of parents of the handicapped.

Activity 2

This time, consult with each of your two families to plan a neighborhood excursion during which you will serve as babysitter for the handicapped child. For example, one child may be taken to the supermarket; the other, to the park or for a walk. A family member may accompany you and the child if the parents feel that this may prove necessary. However, responsibility for the child's care during the excursion period should be yours.

Immediately following each of your excursions, write a report that answers the questions below. Save your reports; they will be discussed and evaluated as part of Element IV. When your reports are complete, go on to Element IV.

Report Guide for Activity 2

Family Name _____

Date of Babysitting Trip _____ Time of Babysitting Trip _____

A. Write a brief description of what happened. Highlight the reactions of neighborhood adults and children.

B. How did you feel during this experience? Indicate the adjectives below that apply.

happy	fulfilled
angry	depressed
frustrated	guilty
frightened	successful
apprehensive	defensive

Briefly describe why you selected each adjective.

C. What did you learn from this experience that sheds light on the following topics?

1. Common stresses in caring for a young handicapped child.
2. Unhelpful behavior of parents and/or teachers toward their handicapped children.
3. Long-term concerns of parents of the handicapped.

ELEMENT IV

Objective:

You will accurately analyze what your feelings about the parents of handicapped children were like prior to entering this module; whether they have changed; and if they have changed, why and how.

Activity

To achieve the above objectives, you are asked, in this activity, to set up a small discussion seminar with your instructor. (See him to make these arrangements well in advance--perhaps as soon as you've finished setting up your babysitting experience for Activity 2 of Element III.) The seminar should contain approximately 4-12 students who are taking this module, as well as the instructor. If no other students are ready for this activity, your instructor can meet individually with you.

Use the seminar to report on your experiences in Activities 1 and 2 of Element III and to evaluate one another's reactions to being in the place of a parent of a handicapped child. Using these experiences as a starting point, discuss what you have learned from the module as a whole and how, if at all, your outlook and your attitudes and feelings towards parents of handicapped children have changed as a result of the experiences provided by the activities.

If your instructor is satisfied with your analysis of your attitudes and feelings, go on to the post-assessment, which starts on page 37. If he isn't satisfied, confer with him about what your next step should be.

When you have completed the post-assessment, give your answers to your instructor to evaluate. If he finds your answers satisfactory, you have successfully completed this module. If your post-assessment is not satisfactory, meet with your instructor to decide whether you should repeat part or all of these activities.

POST-ASSESSMENT

On separate paper, write an answer to each of the following questions:

1. List and describe briefly the typical sequential reactions of parents to the recognition that their child is "different" (handicapped).
2. Briefly describe three common stresses in the everyday life of a family with a five-year-old handicapped child which are either absent or much less intense in the family with a normal child of the same age.
3. Briefly describe two attitudinal (social-emotional) achievements and two cognitive achievements which the young, mildly-to-moderately handicapped child in a "coping" family often learns at home.
4. Briefly describe three long-term concerns frequently associated with being the parent of a handicapped child.
5. Write a brief description of two examples of parents whom you know or have read about who have made extraordinary efforts on behalf of their handicapped children and/or other handicapped children.
6. Imagine yourself the parent of a five-year-old boy with Down's Syndrome on a visit to a neighborhood playground with your child. In what ways might you <u>feel</u> differently about making this excursion than would the parent of a "normal" child? Why?

7. On the basis of observations in the homes of two young handicapped children with whom you have worked, and interviews with their families, compare the two families on the following dimensions:

   a. emotional flavor and child-rearing approach (attitude)

   b. coping ability of the family

   c. daily investment of time and energy in furthering the handicapped child's development and achievement.

   d. management techniques (behavioral control or discipline)

   Your answer should

   a. Identify possible effects of these reactions upon the child's "teachability."

   b. Include data from observations, interviews and/or readings to support conclusions.

Now submit your paper to your instructor for evaluation. When your pre-assessment has been evaluated, you will know at what level to enter the module or if you can exit right away.

If you are to enter the module at Level 1, turn the page and begin the first Element.

APPENDIX

Pre-requisite Qualifications

Please complete either Part A or Part B.

A. I have successfully completed a course or module on child development.

Date Organization Title Instructor

B. I am currently employed in a program for educating handicapped children.

Organization Type of Children

Role Date Employed Supervisor

Additional Activities

for

Remediation or Interest

1. Read any of the additional references in Activity 1 on page 21.

2. Attend one or two meetings of a local chapter of an organization for parents of the handicapped.

3. Volunteer to do work on a project operated by an organization of parents of the handicapped, for example, a Saturday recreation program.

Answers for Activity 1

1. A sequential list of reactions to the advent of a handicapped child in the family is given in the Overview of the module, on page 10. You should consult the following assigned readings for discussions of parental reactions:

   Assigned readings - 2a, 2d, 5 (page 19)

   Additional readings - 3 (page 21)

2. a. Will my child survive or will his {defect / disease} cause him to die?

   b. Will he have to be institutionalized for most of his life?

   c. Will he be able to get some kind of schooling?

   d. What will happen to him if I die?

      Will he ever be able to care for himself?

3. a. Parents being blamed by both professionals and lay people for their child's problem.

   b. Finding appropriate schooling for the handicapped child.

   c. Finding appropriate recreational programs and activities.

4. a. Read extensively in order to find out as much as possible about their child's handicap.

   b. Sought out sources of help.

   c. Gave her extra attention, care, and nurturance designed to meet her special needs.

5. a. Playing games such as peek-a-boo and other forms of teasing.

   b. Using a walker.

5. c. Saying "Dada" with meaning.

d. Understanding speech as communication.

e. Being interested in picture books.

f. Being a happy, social child.

Module Cluster: Cohen, S. Parent Involvement in the Education of Young Handicapped Children

The field testing of these modules has provided data about specific content or format that could profit from clarification elaboration or revision. Module users may find the suggested refinements discussed below of assistance to them in the implementation of the module in particular instructional settings.

The modules in this cluster were well received. Not only did the students feel that the competencies they acquired were important ones for teaching but they were especially positive about the learning activities and rated them between Good and Very Good. The refinements suggested by the field test results are designed primarily to:

1. Ease the work load.
2. Broaden the concepts developed to include appropriate exemplars from disadvantaged populations.
3. Provide more sophisticated assessment measures.
4. Make judicious use of videotaped segments to heighten understandings in the affective domain.

Module I: Family Reactions to the Handicapped Child

Pre-Assessment

The questions need to be rewritten to provide a more valid measure of student competence. They should be pegged at a higher taxonomic level to allow for some measure of depth of understanding and the possible existence of preconceptions or misconceptions which need to be deal with in working through the module.

Best copy Available

Element I

Many students felt that the readings were one-sided declarations of successful accomplishments. The instructor could supplement the readings with speakers, video-tapes, films, etc. that would draw on parent experiences in ghetto populations and child care worker experiences in institutional populations. Readings on the normal child also need to be included. To consolidate the learnings students favored a large group discussion over the written responses to questions as suggested in the module.

Elements II, III

Many students have had difficulties in making their own arrangements with families of handicapped children. The instructor should be prepared to assist students in arranging for family placements and helping them to be at ease in the interactions. It would be desirable to have these placements cover a wide range of handicaps and all SES levels. This would provide a broad range of experiences to be shared in Element IV. The work load can be eased by requiring only one family placement and one observation in Element II and one activity in Element III.

The working of the objectives of Element II need to be revised to be consonant with the activities. They should read as follows:

1. You will satisfactorily describe the parent-child interaction on the five dimensions listed in the Observation Guide.

2. You will satisfactorily compare the relationship between the parent-child behavior you observed with the responses given by the parent during an interview.

Element IV

A video-tape of an experience from Element II or III could be used effectively to begin the discussion. One of the objectives of this discussion should be the effect of a family reactionpattern upon a child's teachability.

Post-Assessment

See Pre-Assessment notes.